

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005253

FILED
Jan 14, 2003
Secretary of State

Entity Name: FLORIDA GRANTS MANAGEMENT AND MONITORING, INC.

Current Principal Place of Business:

820 KENNEDY BLVD
BROOKSVILLE, FL 34605

New Principal Place of Business:

Current Mailing Address:

P O BOX 896
BROOKSVILLE, FL 34605

New Mailing Address:

FEI Number: 59-3501340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGINI, MICHAEL J
11156 N US HWY 301
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: OSTEEN, BARRY S
Address: 11156 C R 209
City-St-Zip: OXFORD, FL 34484

Title: VD () Delete
Name: DEAN, SUSAN D
Address: 4358 CRESCENT RD
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: NEVILLE, EUNICE M
Address: 977 CR 453 P O BOX 715
City-St-Zip: LAKE PANASOFFEE, FL 33538

Title: RAED () Delete
Name: GEORGINI, MICHAEL J
Address: 820 KENNEDY BLVD
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BATTEN, CHRISTINE M
Address: 9299 WEATHERLY DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. GEORGINI

RAED

01/14/2003

Electronic Signature of Signing Officer or Director

Date